CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT#	2 Total pages filed:	OFFICE USE ONLY
A /A 3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI MS ALTOINETTE B NICKNAME LAST SUFFIX LAWRENCES	Date Received
4 ORIGINAL REPORT TYPE	January 15 Runoff Other (specify) July 15 Exceeded \$500 limit 30th day before election 15th day after treasurer appointment (officeholder only) 8th day before election Final report	Date Hand-delivered or Date Postmarked R823 246 Receipt # Amount Legal Totals Date Processed
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 9 / 26 / 03 THROUGH 10 / 25 / 03	Date Imaged

6 EXPLANATION OF CORRECTION

Corrections to:

- Schedule A, page 6, out-of-state PAC ID number added
- Schedule A, page 6, address corrected
- Schedule F, page 1, address corrected

_	I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.
	Check ONLY if applicable:



I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Antoinite Jawer C this the 23 day of Telling.

2006 to certify which, witness my hand and seal of office.

XODON LESSIES Depora L. Elli

Signature of officer administering oath Printed name of officer administering oath

Title of officer agministering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

exas Ethics Commission	P.O. Box 12070 Aus	stin, Texas 7871	1-2070		(512)463-5800	1-800-325-850
	OFFICEHOLDER					RM C/OH HEET PG 1
The C/OH Instruction Gui	DE explains how to complete this	s form.	1 ACCOUNT # (Ethics Commission filers 00000004	i)	2 PAGE# 1 of 12	
3 CANDIDATE /	MS/MRS/MR FIRS		1	VII	OFFICE	USE ONLY
OFFICEHOLDER NAME	NICKNAME LAS' Toni Lawr			SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MALLING	ADDRESS / PO BOX; APT / SUITE: 7047 Sent Branch Dr Houston, TX 77088	#; CIT	Y; STATE;	ZIP CODE		
ADDRESS Change of Address	riousion, 1277occ				Date Hand-deliver	ed or Date Postmarked
					Receipt #	Amount
5 CAMPAIGN TREASURER	MS/MRS/MR FIRS Mr. Geor	ge D		MI	Date Processed	
NAME	Nickname Las Frant	klow		suffix ir.	Date Imaged	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEAS) 2618 Sutton Ct Houston, TX 77027	E); APT / SUITE	#; CITY; :	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (713) 552-0838	IBÉR	EXTENSION			
8 REPORT TYPE	January 15 30th	day before election	Runoff		appointment (d	campaign treasurer (ficaholder only)
	July 15 X 8th d.	lay before election	Exceeded \$	500 limit	Final report (At	tach C/OH - FR)
9 PERIOD COVERED	Month Day Year 09/26/2003	THROU	Month GH	Day	Year)3	
10 ELECTION	ELECTION DATE Month Day Year 11/04/2003	ELECTION TYPI	Runoff	X	General	Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SO Houston District 0	UGHT (if known) City Counci	il Dist A	
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures a Candidates are required to disclose	re campaign expe this information or	nditures made by others by if they receive notifica	without the ca tion of the dire	ndidate's prior conse ct campaign expend	ent or approval. iture.
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address/PO Box; Apt. / Suite #; C	City; State; Zi	p Code			

GO TO PAGE 2

ignature of officer administering oath

(512)463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission **CANDIDATE / OFFICEHOLDER REPORT:** FORM C/OH COVER SHEET PG 2 **SUPPORT & TOTALS** 14 C/OH NAME Lawrence, Antoinette B 15 ACCOUNT # (Ethics Commission filers) 00000004 This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may 16 NOTICE have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. .. FROM **POLITICAL** COMMITTEE NAME COMMITTEE TYPE COMMITTEE(S) GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME additional pages COMMITTEE CAMPAIGN TREASURER ADDRESS 17 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN 1. 0.00 \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED TOTALS TOTAL POLITICAL CONTRIBUTIONS \$ 14,255.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED **EXPENDITURE** 3. 0.00 **TOTALS** TOTAL POLITICAL EXPENDITURES \$ 18,889.75 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE \$ 0.00 BALANCE LAST DAY OF THE REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 0.00 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD MINITED RAL **18 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of/Candidate or Officeholder AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said , to certify which, witness my hand and seal of office.

DOMA (Print name of officer administering oath

Title of officer administering oath

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS	(512)40	SCHEDULE A		
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/6	Report: 3/12		
2 FILER NAME	Lawrence, Antoinette B		3 ACCOUNT # (Ethics Commission filers) 00000004			
4 Date	5 Full name of contributor ☐ out-of-state PAC(ID#_ Associates Builders & Contractors of Greater Hou	ston PAC	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
10/09/2003	6 Contributor address; City; State; Zip Code Houston, TX 77098-4151		\$1,000.00			
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/16/2003	Contributor address; City; State; Zip Code Houston, TX 77055		\$50.00			
Principal occup	nation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor out-of-state PAC(ID# Burgher, Shirley Englehardt)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/02/2003	Contributor address; City; State; Zip Code		\$100.00			
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/17/2003	Contributor address; City; State; Zip Code Houston, 1X 77063		\$250.00			
Principal occup	Dation / Job title (See Instructions)	Employer (See In	structions)	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
10/15/2003	Contributor address; City; State; Zip Code Houston, TX 77018		\$100.00			
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	estructions)			

POLITICAL CONTRIBUTIONS

SCHEDULE A

	OTHER	THAN PLEDGES OR LOAI			
	The INSTRUCTION	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/6	6 Report: 4/12
2	FILER NAME	Lawrenco, Antoinette B		3 ACCOUNT # 00000004	(Ethics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/15/2003	6 Contributor address; City; State; Zip Code Houston, TX 77018		\$100.00	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor ut-of-state PAC(ID# Hinson, Doris B)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2003	Contributor address; City; State; Zlp Code Houston, TX 77055-1405		\$50.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	10/08/2003	Contributor address; City; State; Zip Code Houston, TX 77009		\$3,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	in-kind contribution description (if applicable)
	10/15/2003	Contributor address; City; State; Zip Code Houston, TX 77007		\$5,000.00	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/01/2003	Contributor address; City; State; Zip Code Houston, TX 77055-3435		\$500.00	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	

POLITICAL CONTRIBUTIONS

SCHEDULE A

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 3/6 Report: 5/12		
2	FILER NAME	Lawrence, Antoinette B		3 ACCOUNT # (Ethics Commission filers) 00000004		
4	Date	Kinsel, Nancy			8 In-kind contribution description (if applicable)	
	10/15/2003	6 Contributor address; City; State; Zip Code Houston, TX 77080		\$40.00		
9	Principal occup	ation / Job title (See Instructions)	(0 Employer (See Ins	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/09/2003	Contributor address; City; State; Zip Code		\$50.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
_	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable) Fundraiser	
	10/15/2003	Contributor address; City; State; Zip Code Houston, TX 77055		\$300.00		
	Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Fult name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2003	Contributor address; City; State; Zip Code Houston, TX 77055		\$40.00		
	Principal occup	pation / Job title (See instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/06/2003	Contributor address; City; State; Zip Code		\$500.00		
	Principal occup	petion / Job title (See Instructions)	Employer (See In	structions)	<u>, </u>	

Tex	cas Ethics Com	mission P.O.B	ox 12070	Austin,	Texas 78711-2070	(512)46	3-5800 1-800-325-8506	
		CAL CONTRII			NS		SCHEDULE A	
	The Instruction	N GUIDE explains how to c	omplete this form	<u> </u>		1 PAGE# Schedule: 4/6	Report: 6/12	
2	FILER NAME	Lawrence, Antoinette I	3			3 ACCOUNT # 00000004	(Ethics Commission filers)	
4	Date	5 Full name of contribute Marx, W.A.	or out-of-state	PAC(ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/03/2003	6 Contributor address; Houston, TX 77043-1821	City; State;	Zip Code		\$100.00		
9	Principal occup	ation / Job title (See Instruc	ctions)		10 Employer (See In:	structions)		
-	Date	Full name of contribut McFail, Dr Gilda	or Out-of-state	PAC(ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2003	Contributor address; Houston, TX 77068	City; State;	Zip Code		\$100.00		
Principal occupation / Job title (See Instructions)			Employer (See In	structions)				
	Date	Full name of contribut Monty, Jacob or Adelin	na)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2003	Contributor address; Houston, TX 77079				\$500.00		
	Principal occup	Dation / Job title (See Instru	ctions)	 .	Employer (See Instructions)			
	Date	Full name of contribut Mortensen, M.M. or El	izabeth J			Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2003	Contributor address; Houston, TX 77055	City; State;		,	\$50.00		
-	Principal occu	pation / Job title (See Instru	ctions)	· -	Employer (See in	nstructions)		
-	Date	Full name of contribu Oakes, F. B. or Marjor		PAC(ID#_)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/01/2003	Contributor address; Houston, TX 77280-012	City; State;	Zip Code		\$50.00		
F	Principal occu	pation / Job title (See Instru	ections)	· · · ·	Employer (See In	nstructions)		
					·	- V.		

P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 **Texas Ethics Commission** POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 5/6 Report: 7/12 ACCOUNT# (Ethics Commission filers) Lawrence, Antoinette B 2 FILER NAME 00000004 Amount of in-kind contribution 5 Full name of contributor ut-of-state PAC(ID#, Date contribution (\$) description (if applicable) PageSoutherlandPage 6 Contributor address; City; State; Zip Code \$250.00 10/06/2003 Houston, TX 77056 10 Employer (See Instructions) 9 Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date description (if applicable) contribution (\$) Ruffin, Roy City; State; Zip Code \$100.00 Contributor address; 10/15/2003 Houston, TX 77055 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor out-of-state PAC(ID#_ Date contribution (\$) description (if applicable) Sevin, Cheryl Contributor address; City; State; Zip Code \$25.00 10/15/2003 Houston, TX 77092 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor ut-of-state PAC(ID# Date contribution (\$) description (if applicable) Tx Friends of Time Warner Cable City; State; Zip Code \$1,000.00 Contributor address; 10/15/2003 Houston, TX 77040 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Full name of contributor ut-of-state PAC(ID# Date contribution (\$) description (if applicable) Walther, Charles L or Mary J City; State; Zip Code \$500.00 Contributor address; 10/14/2003 Houston, TX 77080-3529 Employer (See Instructions) Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS

SCHEDULE A

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 6/6	Report: 8/12	
FILER NAME Lawrence, Antoinette B				3 ACCOUNT # (Ethics Commission filers) 00000004		
	Date	5 Full name of contributor 🛛 out-of-state PAC(ID#_0 Waste Management PAC	(00119008)	7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)	
	10/09/2003	6 Contributor address; City; State; Zip Code Washington, DC 20004		\$250.00		
	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)	, . ,	
	Date	Full name of contributor	}	Amount of contribution (\$)	In-kind contribution description (if applicable) Print Advertising -	
	10/15/2003	Contributor address; City; State; Zip Code Houston, TX 77088		\$250.00	C.L.O.U.T. Banquet	
_	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)			

SCHEDINE F

FOLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	N GUIDE explains how to complete this form.	1	PAGE # Schedule: 1/3	Report: 9/12
2 FILER NAME	Lawrence, Antoinette B	3	ACCOUNT # 00000004	(Ethics Commission filers)
4 Date	5 Payee name Blakemore & Associates			7 Amount (\$)
10/01/2003	6 Payee address; City; State; Zip Code 3405 Edloe St Ste 380 Houston, TX 77027			\$1,000.00
information rec	ment (See instructions regarding type of juired.)	9 ** Complete if direct e. Candidate / Officeholder name:	xpenditure to bene	fit C/OH ••
Consulting		Office sought: Office held:		
Date	Payee name Center for Military History			Amount (\$)
10/13/2003	Payee address; City; State; Zip Code PO Box 891312 Houston, TX 77289			\$150.00
Purpose of parinformation red Print Advertise		* * Complete if direct e Candidate / Officeholder name: Office sought:	xpenditure to bene	offit C/OH ••
Date	Payee name	Office held:		Amount
	Greenlaw, Martha			(\$)
10/01/2003	Payee address; City; State; Zip Code 9209 Stagecoach Dr Houston, TX 77041		,,,,,,,,,,,	\$500.00
Purpose of pa information re Staff:Contrac	• •	" * Complete if direct e Candidate / Officehulder name		efit C/OH ··
		Office sought: Office held:		
Date	Payee name Horne, Mr. & Mrs. Clint			Amount (\$)
10/20/2003	Payee address; City; State; Zip Code 6611 Lindyann Houston, TX 77008			\$400.00
Purpose of pe information re Misc;Electio		" Complete if direct of Candidate / Officeholder name	expenditure to ben	efit C/OH
WISC; Electio	iii rigii.	Office sought: Office held:	· · · · · · · · · · · · · · · · · · ·	

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION	אס Guide explains how to complete this form.	1 PAGE# Schedul	e: 2/3 Report: 10/12
2 FILER NAME	Lawrence, Antoinette B	3 ACCOUN 000000	
4 Date	5 Payee name IHOP		7 Amount (\$)
10/01/2003	6 Payee address; City; State; Zip Code 6888 Gulf Freeway Houston, TX 77082		***************************************
8 Purpose of pay information reconstruction Public Relation	• •	9 ** Complete if direct expenditure to Condidate / Officeholder name:	o benefit C/OH **
		Office sought: Office held:	
Date	Payee name Jewish Voice Herald		Amount (\$)
10/03/2003	Payee address; City; State; Zip Code 3403 Audley Houston, TX 77098		\$480.00
Purpose of pay information rec Print Advertis	• •	** Complete if direct expenditure t Candidata / Officeholder name:	o benefit C/OH
,		Office sought: Office held:	
Date	Payee name LT Communications		Amount (\$)
10/20/2003	Payee address; City; State; Zip Code 2606 Persa Houston, TX 77098		\$399.63
information rec	•	** Complete if direct expenditure to Candidate / Officeholder name:	to benefit C/OH **
Fundraiser:In	vitalions	Office sought: Office held:	
Date	Payee name Shaw, Greg		Amount (\$)
10/10/2003	Payee address; City: State: Zip Code 800 Colquitt Houston, TX 77006		\$1,370.00
Purpose of pay information red Consulting - I		** Complete if direct expenditure Candidate / Officeholder name:	to benefit C/OH **
Consulting -	osugo	Office sought: Office held:	

P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F PAGE # The Instruction Guide explains how to complete this form. Schedule: 3/3 Report: 11/12 ACCOUNT # FILER NAME Lawrence, Antoinette B (Ethics Commission filers) 00000004 Payee name SWP Printers Amount Date (\$) 10/20/2003 \$4,060.46 6 Payee address; City; State; Zip Code 1055 Conrad Sauer Houston, TX 77043 Purpose of payment (See Instructions regarding type of information required.) 9 ** Complete if direct expenditure to benefit C/OH ** Direct Mail:Voter Contact Office sought: Office held: Amount Date Payee name Tribe Design (\$) 10/16/2003 \$3,247.50 City; State; Zip Code Payee address; 5555 Morningside Dr Ste 202 Houston, TX 77005 Purpose of payment (See instructions regarding type of Complete if direct expenditure to benefit C/OH ** information required.) Direct Mail: Voter Contact - Design - Mailer #1 Office sought: Office held: Date Payee name Amount WC Management (\$) 10/08/2003 \$3,609.10 Payee address; City; State; Zip Code 402 West 16th Street Houston, TX 77008 Purpose of payment (See instructions regarding type of ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name: information required.) Direct Mail: Voter Contact - Mailer 1 Office sought: Office held: Payee name WC Management Amount Date (\$) \$3,609.10 10/16/2003 City; State; Zip Code Payee address; 402 West 16th Street Houston, TX 77008 ** Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of Candidate / Officeholder name: information required.) Direct Mail:Voter Contact - Mailer #2

Office sought: Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The	The Instruction Guide explains how to complete this form. 1 PAGE # Schedule: 1/1					Report: 12/12			
2 FILE	ER NAME	Lawrence, Antoinette B				3	ACCOUNT # 00000004	(Ethics (Commission filers)
4 D	Date	5 Payee name Homestyle Buffet						8	Amount (\$)
10/1	6/2003	6 Payee address: Houston, TX 77055	City; State;	Zip Code					\$13.53
		7 Purpose of expenditure Public Relations:Meals	\$					X	Reimbursement from political contributions intended
D	Date	Payee name Kinko's							Amount (\$)
10/1	0/2003	Payee address; Houston, TX 77092	City; State;	Zip Code		••			\$27.06
		Purpose of expenditure Office Supplies						X	Reimbursement from political contributions intended

Presented by the Federal Election Commission

Committee ID: C00119008

WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUND

601 Pennsylvania Ave. NW North Building Suite 300 Washington, DC 20004

Treasurer Name:

Simpson, Robert

Committee Designation:

U (UNAUTHORIZED)

Committee Type:

QUALIFIED NON-PARTY

Search For:

Contributions Received By This Candidate's Committees

Committees And Candidates Supported/Opposed

Individuals Who Gave To This Committee

TRY A: NEW QUERY

RETURN TO: FEC HOME PAGE